

Despite Broad Coverage of Nixon's

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President Nixon's new national health insurance plan is vastly more liberal than the one he introduced in 1971, but it is extremely complicated, and critics contend it has serious flaws. Critics are unhappy about its reliance on the private health insurance industry, which they contend has had a mixed performance over the years, and about the use of state governments to regulate the insurance carriers. But they applaud the new plans for comprehensive coverage.

The plan is so broad that it may well cover up to 80 percent of the personal health expenses of Americans, for a total cost of \$70-billion if the estimate of one senior Federal health official is correct.

The amount is so large that it puts the Nixon Administration and Caspar W. Weinberger, the Secretary of Health, Education and Welfare, in some difficulty. The most liberal health insurance proposal before Congress, a plan introduced by Senator Edward M. Kennedy, Democrat of Massachusetts, has repeatedly been criticized by the Administration as

Sheriff's Deputy Moonlights On Job Hunting Golf Balls

WYLIE, Tex. (UPI)—Bobby Ross, a sheriff's deputy, lost both his left eye and right arm in an accident when he was that stop him.

He enforces the law by night and by day searches for lost golf balls at 14 golf courses. His contracts in his golf-ball-recovery operation include some of the big Dallas links.

He collects 15 cents a ball and retrieves 2,000 balls on a good day.

too expensive—from \$70-billion to \$80-billion.

Now it appears that the Nixon version would cost roughly the same as the Kennedy version. Administration officials had been saying for several months that the cost would be about \$40-billion.

"I consider the total as not a very significant figure," Secretary Weinberger said at a news conference yesterday, when the plan was disclosed.

The high costs, to be met by contributions from employers, employees and from tax funds, are attributed to the level of benefits that have been greatly expanded with the 1971 version.

These benefits include virtually unlimited hospitalization and medical services, dental and eye care for children, drugs, a moderate amount of mental health services, and material and child health care.

The same benefits would apply to everyone, regardless of income. This represents a major change from the 1971 plan, which was labeled a "two-tier" health care system because the poor received a significantly lower level of benefits.

Complicated Bill

But the bill, which runs 148 pages, is enormously complicated and, if enacted, will be difficult for people to understand. To cite an example, a section dealing with benefits states the following:

"(B) The plan shall, subject to paragraph (4), impose, with respect to outpatient drugs and biologicals, other than blood and blood products, a per individual per calendar year deductible equal to the following percentages of the deductible base, as determined under section 1825 (B) (2)—

"(I) In the case of individuals in income class II, 16 2/3 per cent; and

"(II) In the case of individuals in income classes III, IV and V, 33 1/3 per cent.

No such deductible shall be imposed in the case of individuals in come class I."

Dr. Stuart H. Altman, H.E.W.'s deputy assistant secretary of health for planning and analysis, who is one of the architects of the administration's proposal, said, "It is a complicated bill because it tries to accommodate a lot of people's circumstances."

He added, "National health insurance is going to be complicated."

Mrs. Ruth Hanft, a former H.E.W. official who is a senior

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analyst in health insurance matters at the Institute of Medicine here, said the Nixon proposal would be "an administrative nightmare and cause mass confusion for consumers because they would not know what they were covered for."

She conceded that the new version did plug some of the loopholes of the 1971 version, which she helped draft, but said the assisted health insurance plan, which would replace Medicaid, did not offer benefits as broad as those in Medicaid programs in some states.

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Insurance Plan, Critics Say It Has Serious Flaws

Leonard Woodcock, president of the United Automobile Workers, which has supported the Kennedy bill, said Mr. Nixon's plan did not deal with serious shortcomings of the nation's health care system, such as runaway costs and shortages and maldistribution of health personnel.

"More critical examination of the Nixon proposal indicates that the promise of comprehensive coverage is more illusory than substantive," Mr. Woodcock continued. "Americans are

being asked to pay premiums and on top of that, coinsurance and deductibles, which will price many out of the health marketplace and deter essential diagnosis and treatment."

Dr. Herbert S. Denenberg, Pennsylvania's insurance commissioner, assailed the proposal's reliance on state governments for enforcement of the insurance regulations.

"The states have absolutely no ability to regulate the insurance industry and their track record proves it," he said. "To turn national health in-

supervision would be disastrous."

But Dr. Altman disagreed, saying that some elements of the private insurance industry "have not done a bad job and are as, or even more, efficient than the Federal Government." Since benefits would be standardized, he added, everyone would know the approximate cost of a policy and competition among the 1,500 private insurance carriers would keep costs down.

These issues are certain to

be debated when the Nixon proposal and the dozen others introduced so far in Congress are considered in hearings late this spring.

To underscore the importance the plan is accorded in the Administration, the White House gained as a co-sponsor of the bill Representative Wilbur D. Mills, the Arkansas Democrat who, as chairman of the House Ways and Means Committee, which will hold the insurance hearings, is one of the most powerful men in Congress.